isted between the bladder and some part of the bowel above the rectum, and in which Amussat's operation was performed eight months since; the patient being now in good health, and in a condition of tolerable comfort, with evidence of considerable contraction, if not complete closure, of the fistula. References were also made to some other cases of communication between the bowel and bladder, with a view to support the opinions here put forward and the treatment adopted in the above case; and also with a view to the diagnosis of the seat of the communication with the bowel when out of reach of the ordinary means of examination.—*Lancet*, April 14, 1866.

31. *Paracentesis Thoracis in an Infant.*—Dr. GUINIER, of Montpellier, publishes in full detail the history of a case which he believes to be without an analogue in the history of medicine. No case, he says, has been published in which paracentesis thoracis has been successfully performed on a child under the age of three years; but, in Dr. Guinier's case, the child on whom the operation was performed was only twelve months old, and recovered. The child was seized with febrile symptoms on March 3, 1863. On the 15th, there was, for the first time, distinct evidence of pleural effusion; and on the 28th, it being evident that no other remedy was of avail, tapping was performed with relief to the patient. A subcutaneous abscess afterwards formed, and was opened by a lancet; and a plug of charpie covered with cerate was introduced into the pleural cavity so as to close the cutaneous opening. This was done on April 13, and, on May 4, the child was considered well. The respiration was more extensive in the affected lung; the spine was pushed to the left, and the left side of the chest was narrowed. After several further notes of the state of the child's health, it is stated on March 30, 1864, that the child had had excellent health through the winter; that the deviation of the spine and the narrowing of the chest no longer existed, that the breathing was normal, there being very slight obscurity of the breath-sound behind. In November, 1865, the child was still in excellent health.—*Brit. Med. Journ.*, March 17, 1866, from *Bull. Génér. de Thérap.*, January 30, 1865.

32. *Application of Chloride of Zinc in Solution to Surgical and Accidental Wounds.*—A writer in the *Lancet* (April 14th, 1866), bears testimony to the utility of this practice as recommended by Mr. De Morgan. (See last number of this Journal, p. 532 *et seq.*) He states: "We learn that whereas, previous to the adoption of this practice, erysipelas and pyæmia following operations were common occurrences, such accidents are now scarcely ever met with. The process has now been employed about nine months. During that time erysipelas has attacked no case in which chloride of zinc had been used, although numerous patients affected with the disease have been admitted into wards containing surgical patients. On the other hand, it happened quite recently that something like a crucial test was applied. An old woman had a tumour of the breast removed, and the application of the chloride was accidentally omitted. A few days after the operation she was attacked with erysipelas, which subsided and then recurred, involving her face and head. Again we are informed that during the same period only two patients to whose wounds the chloride of zinc had been applied have died from pyæmia: a young man in a very exhausted state, whose knee had been excised a month previously; and a woman, who had part of the sternum gouged out to remove some secondary cancer growth. She died six weeks after the operation. Long before this all direct effect of the chloride must have passed off; and Mr. De Morgan, with his present experience, thinks that had the wound been washed with the solution from time to time the result would have been different.

In the course of numerous visits to Middlesex Hospital, we have carefully observed the condition of wounds which have been treated by Mr. De Morgan's method, and these are the points which are most noticeable. On turning down the bedclothes and removing the dressings, we have always remarked the absence of that peculiar sickly smell which is commonly observed in the neighbourhood of open wounds, especially where bone is exposed. The wound itself is peculiarly healthy looking; the granulations firm and of good colour; suppuration moderate; the skin up to the margin of the wound of perfectly natural colour and temperature. There has been indeed in every case which we have examined an entire absence of inflammatory action. Lastly, and this is a very striking and important point, many patients have told us that they felt no pain in the wound after operation; others have experienced pain for an hour or so; in none have we found it insisted upon as a serious inconvenience.

Until these results are witnessed, it is very difficult for any one reading or hearing of this process to divest his mind of the idea of destruction and irritation as necessarily associated with the use of a substance which is well known as one of our most powerful caustics. We are often, however, apt, unconsciously to endow a "caustic" with a sort of vitality—to look upon it as a substance possessing an inherent power of destruction under any circumstances. But it should be remembered that the caustic property of chloride of zinc probably depends upon the extreme attraction of this substance for water. Dissolved in that fluid, this quality, of course, ceases *ipso facto*; but the power of entering into certain chemical combinations in the tissues and blood remains.

33. *Citric Acid for the Relief of the Pain in Cancer.*—Mr. C. J. Denny states (*Lancet*, March 29, 1866) that he has found the application of citric acid to cancer to afford complete relief from pain. He uses one drachm of the acid to eight ounces of water. It must be used for two days before much effect can be expected.

OPHTHALMOLOGY.

34. *The Modern Methods of Dealing with Cataract.*—Mr. M. A. Adams, of Maidstone, read before the S. E. branch West Kent District Med. Soc., an account of the modern operations for cataract, and gave the results of the clinical experience gained in the Kent County Ophthalmic Hospital with these methods.

He states that since the 1st of January there had been performed at the hospital just named 116 operations for cataract.

1. *Solution.*—In 28 instances, the ordinary needle-operation for solution was employed; 16 of these were cases of congenital cataract; 5 were traumatic. Three of the congenital cases were in members of the same family; besides which, two others—in all, five out of six children, born of the same parents, were similarly afflicted. The anterior operation has been universally adopted. In no case has there been an untoward symptom. In one only was the operation thrice repeated. In the general way, twice was found sufficient. In several cases this proceeding was supplemented by extraction by the suction-curette.

Mr. A. regards the operation for solution "as decidedly the simplest and safest for the removal of an opaque lens—most adapted to very young children, and always, when carefully performed, securing most satisfactory results, its only drawback being its tediousness. This objection increases in force with the years of the patient, hence the variety of new expedients which have at various times—but more especially within the last few years—been proposed to take its place."

2. *Linear Extraction.*—Advantage is taken in this operation of the action of the aqueous humour on the lens, which causes it to swell and become more friable, so that it will pass more readily through a small opening in the cornea.

"To carry this into practice, the pupil being well dilated by atropine, the cornea is pierced near its margin by a fine needle, with which the anterior capsule is very freely lacerated in the area of the dilated pupil. At the same time, the body of the lens is comminuted to a considerable depth, great care being taken not to injure the posterior capsule or to loosen the attachment of the lens-capsule to its suspensory ligament. This concludes the first stage of the operation.

"The eye is kept well under the influence of atropine; and in the course of one, three, or four days, the lens matter swells up, filling the pupillary area, and